

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039504

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 260

Primary Registration District No. \_\_\_\_\_

Registrar's No. 63

FILED NOV 13 1962

## 1. PLACE OF DEATH

a. COUNTY

Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Princeton, MoLength of stay in 1b  
lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Mercer Co. Community HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Mercer

c. CITY OR TOWN Princeton, Mo

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

Ella First Washburn Last

4. DATE OF DEATH  
Month November Day 5, 1962 Year

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-11-1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Glenwood, Mo

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Robert Griffin

13b. MOTHER'S MAIDEN NAME

Melvina Taylor

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Mrs Hazel Coon Princeton Mo18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute pulmonary edema

INTERVAL BETWEEN  
ONSET AND DEATH  
20 hr.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) Acute myocardial insufficiency

10 day

DUE TO (c) Coronary arteriosclerosis

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Right hemi paresis due to stroke January 1962

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 4, 1954, to November 5, 1962 and last saw her alive on November 5, 1962

Death occurred at 9:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Princeton, Mo

22c. DATE SIGNED

11-6-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

23b. DATE

11-7-62

23c. NAME OF CEMETERY OR CREMATORY

Princeton

23d. LOCATION (City, town, or county)

Princeton, Mo

(State)

24. FUNERAL DIRECTOR

Noel Moss

ADDRESS

Princeton, Mo

25. DATE RECD. BY LOCAL REG.

11-6-62

26. REGISTRAR'S SIGNATURE

Noel Moss

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

1 0650

2 0650

3 2

4 1

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6

7 0

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9 420.1

10 1

11

12 2-0

13 1-0

NOV 14 1963  
TNP

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold M. Mott

Licensed Embalmer No. 2634

P. O. Address Genoa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit of Embalmer 11-6-62 H.M.